

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET 2014 101-T  
NUMBER: 204 -T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by:

Annette Taylor

Address:

349 Gardner Circle  
Bluffton SC 29910

Telephone:

843-227-3281

Fax:

Other:

Email:

TaylorAnne30@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application – Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input checked="" type="checkbox"/> Request for Cancellation of Certificate   | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other: _____                                  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

RECEIVED  
MAY 14 2015  
PSC  
CLERK'S OFFICE

Request for Cancellation of Certificate

<b>File the original with:</b>  <b>Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199</b>	<b>Mail or fax a copy to:</b>  <b>S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815</b>
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DATE: 4/20/15

Please consider this a request to cancel my:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Class C Taxi Certificate  | <input type="checkbox"/> Class A Restricted Certificate |
| <input type="checkbox"/> Class C Charter Certificate          |   |
| <input type="checkbox"/> Class C Charter Bus Certificate      |   |
| <input type="checkbox"/> Non-Emergency Certificate            |   |
| <input type="checkbox"/> Class E Household Goods Certificate  |   |
| <input type="checkbox"/> Class E Hazardous Wastes Certificate |   |

My Certificate Number is 8890

Taylor Trans Portation  
(Name of Company)

DBA \_\_\_\_\_  
(If applicable)


349 Gardner circle  
(Street Address)

\_\_\_\_\_  
(Mailing Address if different from Street Address)

Bluffton SC 29916  
(City, State, Zip Code)

\_\_\_\_\_  
(City, State, Zip Code)

843-227-8281  
(Telephone Number)

  
(Signature)

Owner  
(Title) Owner, President, etc.